# Well Construction Report
## *WISCONSIN UNIQUE WELL NUMBER* XL041

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707

Form 3300-077A

| | |
|---|---|
| Property Owner: ORLANDO, JIM | Phone #: (715)927-8400 |
| Mailing Address: N10623 CO A | |
| City: ATHELSTANE | State: WI — Zip Code: 54104 |
| County: Marinette | Co. Permit #: |
| Notification #: 6534599101 | Completed: 08-17-2016 |
| Well Constructor (Business Name): JEFFREY J NISLEIT | Lic. #: 4475 |
| Facility ID # (Public Wells): | |
| Address: JJ'S PLUMBING & PUMPS, CRIVITZ WI 54114 | |
| Well Plan Approval #: | |
| Approval Date (mm-dd-yyyy): | |
| Hicap Permanent Well #: | Common Well #: |
| Specific Capacity: | |

**1. Well Location**

| | | | | |
|---|---|---|---|---|
| Town of ATHELSTANE | | | | Fire # (if avail.): W1020 |
| Street Address or Road Name and Number: ORLANDO RD | | | | |
| Subdivision Name: | | Lot #: | | Block #: |
| Latitude / Longitude in Decimal Degree (DD): 45.3496 °N -88.1039 °W | | | | Method Code: GCD013 |
| SE NE or Govt Lot #: | | Section: 10 | Township: 33 N | Range: 19 E |

**2. Well Type** New Well

of previous unique well # constructed in

Reason for replaced or reconstructed well ?

Construction Type: Driven Point

**3. Well serves** 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

**4. Potential Contamination Sources - ON REVERSE SIDE**

**5. Drillhole Dimensions and Construction Method**

Upper Enlarged Drillhole — Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Temp. Outer Casing ____in. dia

**6. Casing, Liner, Screen** — Removed? ____depth ft. (If NO explain on back side)

| Dia. (in.) | Material, Weight, Specification Manufacturer & Method of Assembly | From (ft.) | To (ft.) |
|---|---|---|---|
| 2 | STEEL | Surface | 25 |
| **Dia. (in.)** | **Screen type, material & slot size** | **From (ft.)** | **To (ft.)** |
| 2 | POINT 60 GAUGE | 25 | 28 |

**7. Grout or Other Sealing Material**

Method

| Kind of Sealing Material | From (ft.) | To (ft.) | # Sacks Cement |
|---|---|---|---|
| | Surface | | |

**8. Geology**

| Geology Codes | | | | Type, Caving/Noncaving, Color, Hardness, etc... | From (ft.) | To (ft.) |
|---|---|---|---|---|---|---|
| - | S | - | - | SAND | Surface | 28 |

**9. Static Water Level**

15 ft. below ground surface

**10. Pump Test**

Pumping level _____ ft. below surface

Pumping at 7 GP M for 3 Hrs.

Pumping Method ?

**11. Well Is**

24 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

**12.** Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

| **13.** Constructor / Supervisory Driller | Lic # | Date Signed |
|---|---|---|
| JN | | 07-14-2017 |
| **Drill Rig Operator** | **Lic or Reg #** | **Date Signed** |
| | | |

**4a. Potential Contamination Sources** Is the well located in floodplain ? No

| Type | Qualifier | Distance | Type | Qualifier | Distance |
|---|---|---|---|---|---|
| Sewer - Building Sanitary | | 12 | Septic or Holding, or POWTS Tank | | 30 |

Comment:

Created On: 08-28-2017 Updated On: 10-22-2019 Review Status: